Case 2:06 SENDER: COMPLETES HIS SECTION cument 7		COMPLETE THIS SECTION ON DELIVERY 0 1 of 2
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Gwendolyn Mosley, Warden Easterling Correctional Facility 200 Wallace Drive		
Clio, AL 36017		3. Service Type  ■ Certified Mail □ Express Mail □ Registered ■ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
Ober 1020	CAOP	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	7003 05	00 0002 7929 4651

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTIONS IN COMPLETE THIS SECTIONS IN COMPLETE THIS SECTION IN COMPLETE TH	A. Signature  A. Signature  A. Signature  C. Date of Delivery  D. Is delivery address different from item 1?    If YES, enter delivery address below:    No	
200 Wallace Drive Clio, AL 36017	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.   Restricted Delivery? (Extra Fee)   Yes	
Obev 1020 C+0P	ut tili	
2. Article Number	eturn Receipt 102595-02-M-1540	